



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 5078

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/680,630	<b>FILING DATE</b> 10/07/2003  <b>RULE</b>	<b>CLASS</b> 174	<b>GROUP ART UNIT</b> 2831	<b>ATTORNEY DOCKET NO.</b> 427600700080					
<b>APPLICANTS</b>  Eric G. Hull, Madison, OH;  Charles H. Riedy, Lakewood, OH; Dennis P. Revlock SR., Medina, OH;									
<b>** CONTINUING DATA *****</b>									
<b>** FOREIGN APPLICATIONS *****</b>									
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/02/2004</b>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black;">           Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after            met Allowance <u>  L28  </u>            Verified and Acknowledged <span style="float: right;">Examiner's Signature _____ Initials _____</span> </td> <td style="width: 15%; text-align: center; vertical-align: top;"> <b>STATE OR COUNTRY</b>            OH         </td> <td style="width: 15%; text-align: center; vertical-align: top;"> <b>SHEETS DRAWING</b>            7         </td> <td style="width: 15%; text-align: center; vertical-align: top;"> <b>TOTAL CLAIMS</b>            21         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <b>INDEPENDENT CLAIMS</b>            3         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <u>  L28  </u> Verified and Acknowledged <span style="float: right;">Examiner's Signature _____ Initials _____</span>	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <u>  L28  </u> Verified and Acknowledged <span style="float: right;">Examiner's Signature _____ Initials _____</span>	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3					
<b>ADDRESS</b> H. Duane Switzer Jones Day North Point 901 Lakeside Avenue Cleveland , OH 44114									
<b>TITLE</b> Electrical outlet box with alternative mounting flanges									
<b>FILING FEE RECEIVED</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	
<input type="checkbox"/> All Fees									
<input type="checkbox"/> 1.16 Fees ( Filing )									
<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )									
<input type="checkbox"/> 1.18 Fees ( Issue )									